



ATTACHMENT C
PROVIDER INFORMATION FORM

1. Date: _____

2. Provider/Facility Name: _____

**PLEASE NOTE: If you have multiple facilities or levels of service, each Provider/Facility Name on the Attachment C must be unique to that location/level. For example, The YRC II (#1), The YRC II (A) or The YRC II (KDHE license name).*

3. Remittance Payee Name: _____

Remittance Address: _____

Name of Billing Contact: _____

FEIN#: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

4. Residential Address: _____

Name of Residential Administrative Contact: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

5. Name of Residential Referral Contact: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Level of Service (PRTF, YRC II, JJFC, etc.)	Licensed Beds	Actual Beds	Gender Served (M/F)	Additional Information (You may include any additional information you choose, for example, special programming, special populations served, etc.)

IMPORTANT NOTE: A separate Attachment C must be completed for **each** level of service and **every** physical location. An Attachment C should be updated and sent to JJA when any changes occur during the term of the Agreement.



ATTACHMENT C (continued)
PROVIDER CONTACTS

6. List all individuals and/or organizations that have any direct or indirect ownership or controlling interest in the facility, organization, or agency: *(use additional sheets if necessary)*

Name	Street Address	Phone # and email address	Legislator? Yes/No

7. List all members of your board of directors who are legislators: *(use additional sheets if necessary)*

Name	Street Address	Phone # and email address

8. List all individuals or entities that must be notified in case of termination of contract and /or suspension of admissions: *(use additional sheets if necessary)*

Name	Street Address	Phone # and email address